



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R8/11-05)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA - 2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.

1. IS THIS AN AMENDMENT? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - If YES, please enter the file number in this box		FILE NUMBER 5486
SECTION A COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.		
2. Full name of committee (Do Not abbreviate) <input type="checkbox"/> Check if this is a new name Veterinary Medicine PAC, LLC		3. Acronym or Abbreviated Name (if any)
4. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 150 West Market Street, Suite 040		5. E-mail address (Optional) loubelch@thecorydongroup.com
6. City Indianapolis	State IN	Zip Code 46204
7. FAX (Optional)		8. Telephone (317) 634-5963
		9. Committee Organization Date (MM-DD-YY) 08/30/2006
10. Is this committee registered with the Federal Election Committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. State the purpose of the committee and on which issues the committee expects to focus. To advance the causes of Indiana Veterinary Medical Association		
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. Indiana Veterinary Medical Association, 201 S. Capitol, Suite 405		14. Party Affiliation Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. If supporting or opposing a public question, state both the subject of the question AND the committee position. n/a		
16. Chairperson's Full Name <input type="checkbox"/> Check if this is a new chairperson James Weisman, DVM		17. E-mail address (Optional)
18. Mailing Address <input type="checkbox"/> Check if this is a new address 201 S. Capitol Ave, Suite 405 Indianapolis IN 46205		19. Telephone (Day) (317) 974-0888
		20. Telephone (Evening)
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer Louis M Belch		22. E-mail address (Optional) loubelch@thecorydongroup.com
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 150 West Market Street, Suite 040 Indianapolis IN 46204		24. Telephone (Day) (317) 974-0888
		25. Telephone (Evening)
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian Louis M Belch		27. E-mail address (Optional)
28. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 150 West Market Street, Suite 040 Indianapolis IN 46204		29. Telephone (Day) (317) 974-0888
		30. Telephone (Evening)
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) Old National Bank		
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)		
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Louis M Belch		Person Appointed Treasurer Louis M Belch
		Signature of the Committee Chairperson James Weisman, DVM
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)		
33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.		FOR OFFICE USE ONLY Confirm Nbr: 10851
34. Typed or printed name of Treasurer Louis M Belch	Signature of Treasurer Louis M Belch	Date (MM-DD-YY) 10-2-08
SECTION D. CERTIFICATION OF STATEMENT		
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
35. Typed or printed name of Chairperson James Weisman, DVM	Signature of Chairperson James Weisman, DVM	Date (MM-DD-YY) 10-2-08
Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, and 3-9-4-18).		

FILED